SERIAL NO. 10/562503 APPLICANT(S) MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER **AFTER AFTER** AFTER **AS FILED** AS FILED I" AMENDMENT 2 [™] AMENDMENT 1* AMENDMENT 2 nd AMENDMENT DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL TOTAL IND. IND. TOTAL DEP. DEP. TOTAL

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CLAIMS

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